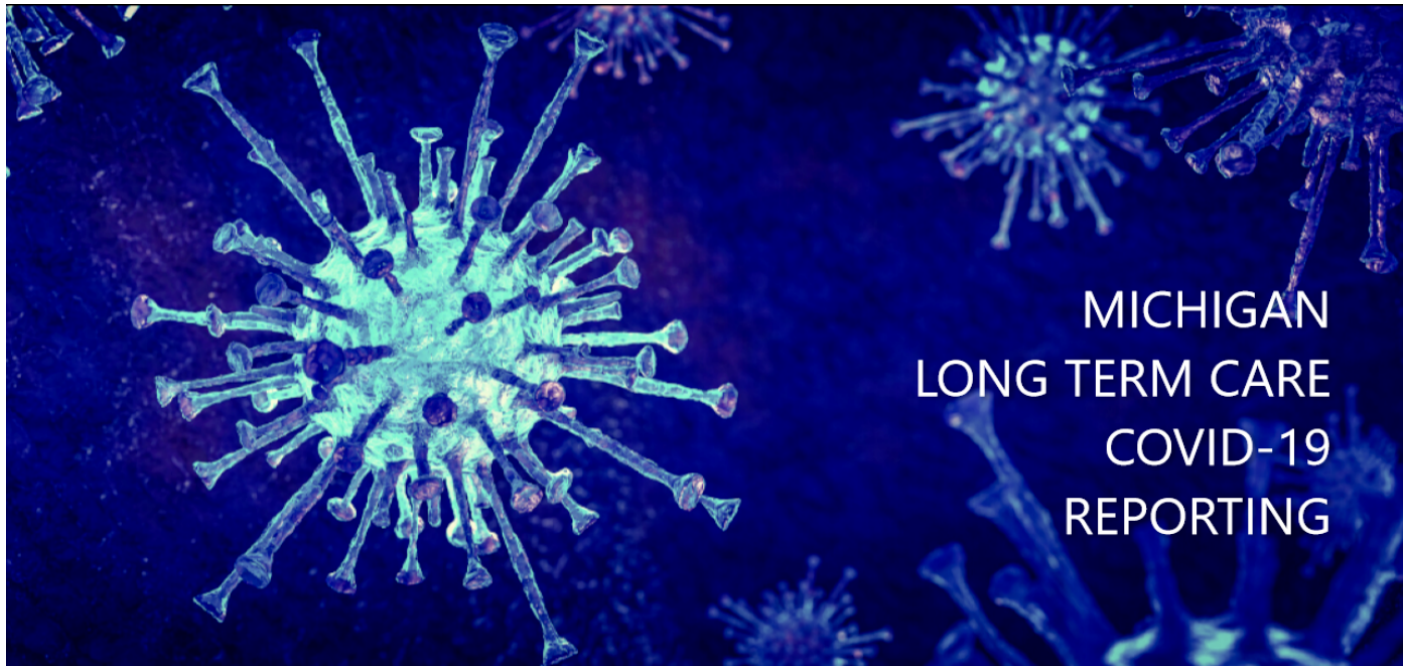# Michigan AFC/HFA COVID-19 Reporting

Default Question Block

Required Information Notification

The Michigan AFC/HFA COVID-19 Reporting REGISTRATION CONTACT and HISTORICAL REPORTING FORM is intended for adult foster care homes and homes for the aged facilities with bed capacity of 13 or greater to gain access to the REVISED MICHIGAN AFC/HFA COVID-19 mandatory reporting tool. This system is *not* intended to be used for Skilled Nursing Facility required reporting.

This particular survey will be used to ensure we have accurate contact information and to provide an opportunity to report on the CUMULATIVE experience between January 1, 2020 - October 28, 2020. The online form will be available on Wednesday, October 28, 2020 from 7:00am - noon for entry.

Michigan State University is hosting this web-based reporting system to facilitate analysis and reporting of long-term care facility information. They will not have access to individual employee or patient identifiers.

All data will be shared with the state public health agency for public health surveillance and reporting.

After completing this initial survey form on October 28, 2020, each registered location will then receive an individualized link to access a future weekly reporting tool. If you do not receive your link by November 1, 2020, please check your spam folder. You may want to add the following email address: *noreply@qemailserver.com* to your safe senders list now.

Facility Information

Please provide the following information for your setting. If you have more than

one setting that you are responsible to report for, you will complete a separate form for each location.

Facility Name

LARA Facility License (11 digit entry with 2 letters and 9 numbers, no dashes or spaces)

Facility Street Address

Facility City

Primary Contact First Name

Primary Contact Last Name

Primary Contact Email Address

Primary Contact Phone (xxx-xxx-xxxx)

Residents with *confirmed*, **positive COVID-19 test results from a viral test (nucleic acid or antigen).** (Total count of *cases* between January 1, 2020 - October

28, 2020)

Confirmed is defined as a resident with a new positive COVID-19 test result from a viral test (nucleic acid or antigen). Examples include molecular testing, nucleic acid testing, and antigen testing. Positive results from antigen Point of Care test results are included.

RESIDENT CONFIRMED CASES $(\#)$

Residents with suspected or positive COVID-19 test result who died in the facility or another location. (Total count of *deaths* between January 1, 2020 - October 28, 2020)

COVID-19 Deaths is defined as a resident with suspected or a positive COVID-19 test result who died in the facility or another location as a result of COVID-19 related complications.

RESIDENT DEATHS $(\#)$

Staff and facility personnel with *confirmed*, positive COVID-19 test results from a viral test (nucleic acid or antigen). (Total count of *cases* between January 1, 2020 - October 28, 2020)

Confirmed is defined as a positive COVID-19 test result from a viral test (nucleic acid or antigen). Examples include molecular testing, nucleic acid testing, and antigen testing. Positive results from antigen Point of Care test results are included.

Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

STAFF CONFIRMED CASES $(\#)$

Staff and facility personnel with suspected or positive COVID-19 who died. (Total count of *deaths* between January 1, 2020 - October 28, 2020)

Suspected is defined as staff and personnel with signs and symptoms suggestive of COVID-19 as described by CDC's guidance but do not have a laboratory positive COVID-19 test result. This may include staff and personnel who have not been tested or those with pending test results. It may also include staff and personnel with negative test results but continue to show signs/symptoms suggestive of COVID-19.

Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

STAFF DEATHS $(\#)$

Total number of beds that are currently occupied AS OF OCTOBER 28, 2020.

Enter the total number of residents that are occupying a bed in the facility on October 28, 2020. Current Census may include a combination of private pay and non-private pay occupied beds.

CURRENT CENSUS (#)

Please review and confirm your entries. Once confirmed, click below.

○ Original data entry is correct

○ This is a replacement data entry for the facility and is correct

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